To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	VICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	Mad
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Solomon Stalowski	Some Sular	street: 5402 Root River Dr. City: Greendale zip: 53129	Town Village green dale City City	/(1 /20 <u>12</u> (Month) (Day) (Year)	Phone
2. Vicky Calderon	06 h. C.01	street: 2174 S 32nd & zip: 53215	Town City Mi Waukee	1 / U / 2012 (Month) (Day) (Year)	Email
3. Prandy Devilorqua		Street: 0340 W. Kinherly Ave. City: Milhaukee 21p. 53221	Town Village Nilwaukse	\ \langle \lan	Phone unu (381)
thery Shaw	Chergl Shaw	Street: 7845 N.46th St. City: BAWN Dur zip: 53223			Phone (414)
Michael L. Kuba	Michael Huba	Street: Le 965 5. Rolling Medawsct City: DaK Creek zip: 53154	Town Village DakCreek		Phone (444)
HEIDI J BEAUDOIN		Street: 3400 S. CHASE AVE City: MILWAUKEW/1 zip: 53207	Town Village MI CW AUKEE	//11/201Z (Month) (Day) (Year)	Phone (4/4)
Brittany Stima	Boliva	Street: 48135 Wth St City: Milwaukee zip: 53221	Town Village Mil Waukee	/ /20 <u>12</u> (Month) (Day) (Year)	Phone (4/4)
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone (
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
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				City:	Zip:	City	(Month) (Day) (Year)
I,	LINDA	FRIBE	D/	on of Circulator (certify): I reside at	4112 West Acre	Ave	Franklin, WI 53132
				that the signers are electors	Circulator's Residence — Street name and of the jurisdiction or district represented by the port this recall petition. I am aware that falsifyi	d Number) officeholder na	(Circulator Municipality) med in this petition. I know that each person signed ion is punishable under S.12.13(3)(a), Wis. Stats. Page No. (Official Use Only) 1090401

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	СО
1. BARWEJLANGE	- Rhonendana	Street: 1728 w minus City: Un: Lupille Zip: 5312d	Town Village	(Month) (Day) (Year)	Email Phone
2. Hereitado	In .	Street: 22245.3486 City: 471 la Buker zip:53215	Town Usilage on lunker	1 2 /3 / 20 1/ (Month) (Day) (Year)	Email Phone
3. Jun Harris	Tim Am	Street: W35 57755 Venon Hills G. City: Bis Bind W. Zip: 53103	ZiTown Utilage City	12/31/20/11 (Month) (Day) (Year)	Email Phone
1. Donnamarie Kiefer	Danamain Kala	street W19557695 Westlyn Dr	Prown Village Muskego	/2/31/20_H (Month) (Day) (Year)	Email Phone
5. Jan er chen			Fown	12/3//2011 (Month) (Day) (Year)	Email, Phone
SuzanneElling	Luyeune er Elléages	Street: W227510580 RIVER City: B19 Bend zip: 53/03	St Town Village Village Village	12/31/2011 (Month) (Day) (Year)	Email Phone
Joseph Hendricks	Joseph Harlish	Street: W19756955 Dung would Ct City: Milkeyo Zip: 53450	Town Workego Acity	[2/31/2011 (Month) (Day) (Year)	Phone ()
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the paper with full knowledge of its content on the date	indicated opposite his or her name I know their respective	residences given. I support this recall petition	on. I am aware that falsify	ing this certification is punishabl	e under S.12.13(3)(a), Wis. Stats.	Email
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	onstitution and S.9.10 of the Wisconsin Statu	Acc.				PO B
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THOMAS A.	Showed Q. Alaska	2041 14 2 -	UIS AV.	□ Town □ Village	1 /10/2012	Email
TALASKA	Opported 4. worker	CILEREENFIELD Zip	Zip: 53221 D	ELEEN FIELD	(Month) (Day) (Year)	414)
01 to 0	WITHOUT D.	stro6125 Thornridge		□ Town Nillage	1 /20/20/12	Email Phone
Robert M. Paprocki	Nobel M. Vaprocke		zip.53219 [ocity Green dale	(Month) (Day) (Year)	Phone A14-
1 in Gainer	() · 14 .	Street: 5822 Winsta		Town Village	/ /10/20/2	Email Pattie
officia Chriquez	Tatula 4. Congry	City: Kacine 934	FU2	Zeity Da cine	(Month) (Day) (Year)	Phon (42)
7. —	1000	1	070797	□ Town □ Village ho	1/0/2012	Email
tyvine Jackson	for John	1	23221 X	Hilwarkee	(Month) (Day) (Year)	Phone 44 3
0.	No mio.	Street 2137 W COLLEGE A		☐ Town ☐ Village	1/10/2012	Email
HARON RADKE	Alle 11/ Ksolle	City: OAK CREEK Zip.		Socity OAK CREEK	(Month) (Day) (Year)	Phone (4/4)
MARK RADICE (ha & Lo Laske	Street: 11,37 W COLEGE	-C#611 1	□ Town □ Village	1/20/20/2	Email
THERE IN-	from Jone Jones	City. OAKCREEEK Zip.	zip: 53154 5	Village OAKCREEK	(Month) (Day) (Year)	Phone (414)
- 10.	-100	Street: 5220 RAJEN	DR.	☐ Town Village	1/1/202	Email CARAS
ERRY R. KASZEJA	leng Ke / leng fall	City: GREENDALE Zip:	zip: 5 3/29	City COLECUDALE	(Month) (Day) (Year)	Phone (4/4)
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jelena !	XIllena Schlaus				(Month) (Day) (Year)	Phone (4/14)
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		tify): I reside at 4/12 W. A	Acre Av		n, W153/3	2
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Ty Circulated titla recair position are printing	Aled Cault Of the Signatures on this paper, a non-	residences given Loupport this recall petition Lo	am aware that falcifying	officeholder named in this petition. I know that this certification is punishable under S. 12. 13	at each person signed	

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PO Box 2 THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. Madison, PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONTACT Rural address must also include box or fire no (Indicate Town, City, or Village) 1. Email ☐ Town Phone JSON AVE Town Village Email 1 /0/20/2 Phone zip 53132 Email 20 ☐ Town ☐ Village Phone Zf-City 53221 Email St. ☐ Town □ Village Email Email □ Town □ Village Phone Email Phone City Email □ Town 1/11/2012 □ Village Phone zip: 53215 City Email ☐ Town ☐ Village Phone 10. Email 5

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I personally circulated this recall petition and personal this recall petition and personal this recall petition and personal thin recall petition and petiti	conally obtained each of the signatures on this paper. I know that is e date indicated opposite his or her name. Jknow their respective	the signers are electors of the jurisdiction residences given. I support this recall pet	or district represented by the office tition. I am aware that falsifying thi	eholder named in this petition. I know the	at each person signed	Pho
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(Circulator's Residence - Street name and Number)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed

(Signature of Circulator)

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
CHARLES X. MILLER	July x.	Street: 4501 N. TEUTONIA AVENTY	□Town MILWAUKE€	01/07/2012	Email
	W 0	City: MILWANKEE Zip: 53209	□ City	(Month) (Day) (Year)	Phone ()
•		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	City	(Month) (Day) (Year)	Phone ()
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NATHALIE JASINSKI	Nathalie Lusurili-	Street: 3864 S. 57 Th ST City: MIWaukee 21p.53220	Town Willage Milwaukee	/ /2/2/02 (Month) (Day) (Year)	Email Phone) _
DANIEL JASINSKI	Danie G. Jasinski	Street: 3864 S. 57+4 ST. City: MILWAUKEE zip: 53220	Town Willage MILWAUKEE	/ /2/20/2 (Month) (Day) (Year)	Email Phone)
A NITA Buchholz	anta Buchkor	street: 12030 Parkviewlane City: Hala Carners With: 53130	Drown Rillage Hales OR NEIS	1 //3/20/2_ (Month) (Day) (Year)	Email Phone)
Lois Buchholz	Leis Buckhas	City: Hales Corners zip. 53/30	Down Willage Hales Comer	//3/20/2 (Month) (Day) (Year)	Email Phone)
5. VALERIE KUPCZAK-RIOS 6.	Mapullon	Street: 5661 So 121 St Street City: Hales Corners WIZID: 53130	Town Bry Hales Corners City	//3/20 (Month) (Day) (Year)	Email Phone	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee to PO Box 2569

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1. Print: ANDREW SIETTMANN Sign: WHAT	SIFEELS 5619 S. HONEY CREEK DR.	☐ Town ☐ Village ■ City MILWAVKE E (Municipality Name)	1 /19/20[] (Month) (Day) (Year)	Email Cyndrewsiet Phone (201)
2. Print: LISA SIEHMANN Sign: Sill WWW	Street: 51019 S. Honey Creek Dr	Town Village (Municipality Name)	Month) (Day) (Year)	Email Visasiest Phone (202)
3. Print: Scott KWASNIEUXKL Sign: Scott KWASNIEUX	Street: 14J9A E- MORGAN AVE City: MILWAUKEE Zip: WI	☐ Town ☐ Village ☐ City MILWAULE E (Municipality Name)	11/19/20 <u>//</u> (Month) (Day) (Year)	Email Kwazio2 Phone (414) 7
4. Print: Por and a Maisnieus Sign: Amahalu C.		☐ Town ☐ Yillage City (Municipality Name)	(Month) (Day) (Year)	Email Althouse Phone (Al A)
5. Print: Meussa Cronwck Sign-MuOuCubeule	Street: 1882 W. ASPENST. City: Milwalikle Zip: 53221	Town Village Scity (Municipality Name)	12/9/20 <u>11</u> (Month) (Day) (Year)	Email Micron Phone (414)
	Certification of Circulator			
I, Zuchang Cronick (Printed Name of Circulator)	(certify): I reside at 183a W. Hegen St (Circulator's Residence – Street Name and Nur	mber) Milwauke	<u>C</u> ipality)	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Please include your contac

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Committee to PO Box 2569

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1. Gail McCabe Sign Sail McCabe	Street: 25145. Burrell St. City: Milwaukee 21:53207	Town Village City (Municipality Name)	/2/8/20 <u>//</u> (Month) (Day) (Year)	Phone (4/4)		
2. pariel W Mc Cale Print:	Street: 25145. Burre/150 City: Milwaldee Zip: 53207	Town Usillage Usillage (Municipality Name)	/2/8/20/1 (Month) (Day) (Year)	Phone (4/4)		
3. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone		
4. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()		
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Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	()		
Tale Area	Certification of Circulator	,				
, Zachary Cronick (Printed Name of Circulator)	(certify): I reside at 1832 W. Uspen St. (Circulator's Residence – Street Name and Num	mber) (Circulator Munic	-1	Circulators, Please include your contact		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder name recall

ed in this petition. I	know that each po	erson signed the paper wi	th full knowledge of its cont	tent on the date indicate	ed opposite his or her name. I k	know their respective residen	ces given. I supp	ort this
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HAROLD T KOLLMAND	Speshed & Halleman	city: Milwaukee Stap 53204	Town Mukee Village City	// /35/20// (Month) (Day) (Year)	Email Phone
2. Shaniqua strong	54,549	street: Whose 744 South authorite	Town Village Milwaukee		Phone ()
3. Martriadohno	- Montage trube	Street: 7395, 26th St Lower City: Milwanklezip: 53204	Town Village Mil Wants	(Month) (Day) (Year)	Email Phone
Ferlinand Gaud	Friterious Saux	Street: 9415.28 ST City WILW 21p.53215	Town Uvillage City Wagy/ee	//25/20// (Month) (Day) (Year)	Email Phone
5. Kristina Torres: IIK	K-Tonesil	Street: 330N. 42nd ST. City: Milw 21p: 53208	Town Village M. / Warker	/25/20	Email Phone
"GladISM. Torres	Hladys mit our	Street: 410 N. 42nd ST. City: Milw 21p: 53208	Town Village Willwarkel	11/25/20 <u>11</u> (Month) (Day) (Year)	Email Phone
7. Ismael Victor Torres TI	A Town TI	Street: 1958 S. 15th Place. City: Milwarker 21p: 57204	Town Milwankee City	// /25/20/((Month) (Day) (Year)	Email Phone
8. Maria T. Gard	moriad faul	Street: 9418029 St. Mill 53215 City: Milwaukee 18053215	Town W warker	// /25/20_// (Month) (Day) (Year)	Email Phone
Fordinand Gauds-	J. C. C.	Street: 94/5, 29+45f. City: Wi/Warker 219: 57215	Town Wilwaukee	11 25 20 1 (Month) (Day) (Year)	Email Phone
10. SoseSerravo	Jan G. Dame	Street: Milwayky, wx City: 2627 W. Laptam 53204	Town Utillage City Milwaukee	11 25/20_11 (Month) (Day) (Year)	Email Phone
Malas Ku	Certification	of Circulator	x Milwan	ukee	
(Name of Circuersonally circulated this recall petition and personally ob	ulation)	ify): I reside at	d Number) (Circulator N	Municipality)	Phone

the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person significant in this petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Day) (Year)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF T	HE MUNICIPALITY OF RESIDENCE MUST ALWAY	'S BE LISTED.	Ma
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	со
MARGE LISIECKI	Marge Lisiéchi	Street: 3 3 1 6 5 9 7 5 5 7. City: MILWAUKEE Zip: 532	□ Town □ Village ACity	12/13/2011 (Month) (Day) (Year)	Phone (4/14)
MARGE LISIECKI Curt PAWlouski	Entille	Street: 1511, Wanda Ava	□ Town □ Village 22 /	12/14/20_1/ (Month) (Day) (Year)	Phone (4/4)
Hanry Wroblewski HYLLIS Wroblewst Heven Verburgt	Hany whollowski	Street: 2802 So 975 ST City: MULW & UKer zip: 532	Town Utiliage Defity	12/27/20 <u>11</u> (Month) (Day) (Year)	Email Phone 414
HYLLIS Wrobleast	Phyllis Wroblendi	Street: 2802 8, 9 # Sf. City: Mil. 2ip: 536	Town Village City	12/2/20/1 (Month) (Day) (Year)	Phone (414)
teven Verburgt	St Verelatt	Street: 4038 E ARMOURA City: CUDAHY WI zip: 53111	☐ Town ☐ Village	13 /37/20// (Month) (Day) (Year)	Phone (44)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone ()
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. Malgo	Name of Circu	ynia		702 S. Le			ankee	Circulators, ple
personally circulated this rec	all petition and personally ob	tained each of the signatures	on this paper. I know that the signers are electors of the e. I know their the specific residences given. I support the	jurisdiction or district represented by	the officeholder named in	this petition. I know th	Municipality) hat each person signed .13(3)(a), Wis. Stats.	Phone
//	13 /20 1	<u> </u>	(Signature of Circulator)	\sim		,	Official Use Only)	Email
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	со
GRACHAM	Day 1	Street: 8306 W. Ohlah	Town Local Action States	//7/20/Z	Email Phone
· CAC ACAC	- July 1	y City: West Alles Zip: 532	2.49	(Nonth) (Day) (Year)	Email ()
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.,	Judith A. Beek		ification of Circulator	is S. Delawo	areAle y	m: Iwaukee	532		
	(Name of Circumally circulated this recall petition and personally obter with full knowledge of its content on the date indicate.	ained each of the signatures on this pap	(Cir er. I know that the signers are electors of the	culator's Residence - Street nan the jurisdiction or district represented	ne and Number) by the officeholder named		erson signed	Circulators, Phone Email	
	(Month) / 13 /20 (2 (Day) /20 (2	= gudith	(Signature of Circulate	or)		O Page No Cofficial Use	Only)	Linan 4	<u>) 0</u>
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Julie Mertz	Juli	Street: 3215A S. New York An	Town Village Milwauhee	1 /2 /2012 (Month) (Day) (Year)	Email Phone
		city: Milwauhee Zip: 5328		(Month) (Day) (Year)	Email (
		Street:	☐ Town ☐ Village ☐ City	/ 20 (Month) (Day) (Year)	Phone
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		Street: City: Zip:	☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
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		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
	Certification	of Circulator			
Judith Beehle	e r, (cer	tify): I reside at 3215 S. Delaw. (Circulator's Residence – Street name		autee -	5320 Circ <u>ul</u> a

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Stanley L. Olson	Stanley & Clean	Street: 2500 E Howard Are	□ Town □ Village ☑ City	12/04/2011	Email Phone
)	•	city: St. Francis zip.53235	☑ City	(Month) (Day) (Year)	(414)
Z. Triplan Variables	Man D. T.	Street: 25/9/25. Locan fue	□ Town □ Village □ Strip	12/9/20 <u>11</u>	Phone 419
Commen, Leminon	your plant	City: Mil Wester Zip: 500		(lear)	Email (917)
3.	Mina Manalin	Street: 2514a S. Logan AVA	□ Town □ Village City	$\frac{12}{(Month)(Pox)} \frac{q}{(Nonth)(Pox)}$	Phone
Hrigera Mowery	Marken Marker	civ. Milwankee zip. 53207	, , , , ,	(Month) (Day) (Year)	()
4.	11 10	Street: 1247 S. 40th St.	☐ Town ② Willage ☐ City	12/15/2011	Phone
NOCH WASON	Van (1)	City: W. Milwaukel zip: 53215	LI City	(Month) (Day) (Year)	()
5. Jack Korris	he him	Street: 25/6 5 Logan Ave	☐ Town ☐ Village ☑ City	10/15/201 (Month) (Day) (Year)	Phone
6.		City: Milwauker zip: 53207	-		Email ()
Nicole Marchese	M	Street: 5834. S. Hately Ave City: Culary Zip: 53110	☐ Town ☐ Village ☐ City	(3/36/2011 (Month) (Day) (Year)	Phone
7.		City: Zip: J(1)			Email ()
		Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
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υ.		Street:	☐ Town ☐ Village	/ /20	Phone
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.	3.	VI. of	street: 2514a S. Logan AVL	□ Town	12/9/2011	Email
	Angela Mowery Victoria Simpson	Alexa Member	civ. Milwankee zip. 53207	□ Village ☑ City	12 / 4/2011 (Month) (Day) (Year)	Phone ()
	4.	11 1000	Street: 1247 S. 40th St.	□ Town ② Village	12/15/2011	Email
	VICTORIA DIMPSON	Vanty In	city: W. Milwaukee zip: 53215	l — ~	(Month) (Day) (Year)	Phone ()
	5. Tack Rewin	he hayo	Street: 25/6 5 Logan Ave City: Milwayker zip: 53207	□ Town □ Village ☑ City	13/15/2011 (Month) (Day) (Year)	Email Phone
	6.		Street: 5830. S. Hately Ave	□ Town	12/2/22	Email
	6. Nicole Marchese	W	City: Cudaly zip: 53110	□ Village ☑ City	(A / 26/2011 (Month) (Day) (Year)	Phone ()
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pe he i	ersonally circulated this recall petition and personally obta	ained each of the signatures on this paper. I know that the	the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying	officeholder named in this petition. I know that	at each person signed	Phone
	1 /3 /20/5	2 Haylo Lien	<u> </u>	Page No. (Off	,	Email
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee
PO Box 256

Madison, W THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING DATE OF SIGNING MUNICIPALITY OF RESIDENCE CONT NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email 1. ☐ Town ☐ Village 1344 5. 77 Traver //3/20/2 Month) (Day) (Year) ☐ City Phone WEST ALLIS Cler Llosi ALLIS HI Zin: 53214 Email ☐ Town ☐ Village D-City Phone Milwautee (Municipality Name) 3. Email □ Town ☐ Village ☑ City 1/13/2012 Phone (Municipality Name) Email ☐ Town ☐ Village ☐ City Street Phone (Municipality Name) City: Zip: Email 5. ☐ Town ☐ Village ☐ City Street: Phone (Municipality Name)

(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
personally circulated this recall petition and personally obtained each camed in this petition. I know that each person signed the paper with ful	of the signatures on this paper. I know that the signers are electors of the jurisc I knowledge of its content on the date indicated opposite his or her name. I kn	liction or district represented by the officeholder now their respective residences given. I support this
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JAN 1 13 120 (2 U	Buy Ackernan	Page No. (Official Use Only)

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Certification of Circulator

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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-	NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
	Shatari Moory	Street: 4757 N. 2157	□ Town □ Village	1 /13/2017	Email
2	2	an: MilWarkee and	Milwaylel (Municipality Name)	1 /13/2012 (Month) (Day) (Year)	Phone HU
1.	minufichale Tetenbacher	street: 12029 FauGalle Rd	YSTOWN Compared to the compar	1/3/2012	Email
3.		cir: Ciried CATIVA USE 210: 53108	Municipality Name) CARE DONA (MA	(Month) (Day) (Year)	Phone (
Sig	Usabale & Chartre	Street: 3973 5, 76th St, Apt. #4	Town Village City Milwaukee	1 /13/20 <u>12</u>	Phone
4.	"Amanda Volpentesta	city: Milwaukes 211: 53220	(Municipality Name)	(Womin) (Day) (Year)	(Email
(Sig	L. Tolpenlesto	Street 24815.43rd St. #103	Milway Kee (Municipality Name)	/13/20/2 (Month) (Day) (Year)	Phone
5.	Matthew Behringe	Street: 1527 Jetterson 3+	☐ Town ☐ Village Suy		Email
Sign	1/OND	Certification of Circulator	(Municipality Name)	1/3/20 <u>1</u> (Month) (Day) (Year)	Phone
	(Printed Name of Circulator)	ertify): I reside at 12665 W. Cac (Circulator's Residence - Street Name and Nun	WERD TO RE	olin cin	culators
1 pers	onally circulated this recall petition and personally obta	and one water	(=====================================	Plea.	se include vour

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PO Box 256
Madison, W

THE MUNICIPALITY	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.		*
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1. Print: Mary Ellen Enea Sign: Mary Ellen Enea	street: 4835 South 82 Street	☐ Town ☐ Village ▼City	12/8/2011	MARE Phone
	city: Greenfield zip: 53220	CREENF, et d (Municipality Name)	(Month) (Day) (Year)	(4/4 Email
2. Print: PATRICIA A. GRAZIANO	Street: 4334 5, 114th 57.	□ Town □ Village ☐ City	12/12/2011	Phone
Sign: Patricia a. Draziano	City: GREENFIELD Zip: 53228	GREENFIELD (Municipality Name)	(Month) (Day) (Year)	(
3. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
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4. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
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I, Sandra Francisko (Printed Name of Circulator)	Certification of Circulator (Certify): I reside at 565 \(\) 24785 \(\) Pamela Comment (Circulator's Residence - Street Name and N	+. Waukesha Town Jumber) 53189 (Circulator Mun	of Vernun	Please include your
I personally circulated this recall petition and personally named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification.		tors of the jurisdiction or district represented by or her name. I know their respective residences g		Phone (Email

(Month)

(Day)

(Year)

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee t PO Box 256
Madison, W
CONTACT INF
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(262, 64)
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° (414) 321.
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Vida Shaffer	Vida Shoffer	Street: 17311 W. Todd Ct. City: New Berlin zip: 53146	Town Village NEW BERLIN	12/19/2011 (Month) (Day) (Year)	Phone (Ž	262 64
2. ZORAVKO RADJENOVIC	Zholo Mens	Street: 3745 S 53rd ST City: MILWAY KEE-WI zip: 53220	Town Village MILWAUKEE	12/19/2011 (Month) (Day) (Year)	1	414, 321
3. MARA RABDEHOVIC	Mora	Street: 3745 S 5357 City: MILWAUKEE WIZIP: 53220	Town Village & City MILWAUKEE	12 /19/20_11 (Month) (Day) (Year)		14) 321
4. MANE Novakovic H	Mulfinhort	Street: S VOZ W 20760 Ketsey PR City: Muskelno zip: 53150	Town Uillage MusteGo	/2/19/20// (Month) (Day) (Year)	Phone (4	ESLANOV 414) 803
5. ANDREW SHAFFER	andrew Shaffer	Street: 17311 W. TUBD CT. City: NEW BERLIN Zip: WI	Town Utillage City NEW BELIA	12/19/20(Month) (Day) (Year)		262 51
6. SVETLANA NOVAKOVICH	States.	street: 3963. S. Packard Ave	Town Village St Francis Sp	12/A/2011 (Month) (Day) (Year)		H4)482
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Gordana Rajak	. (certify): I reside at 8790 W.	Dosie Ave	Greenfield	, WI 53228	Cil-t
(Name of Circul	lator)	(Circulator's Res	idence – Street name and	d Number) (Circulator N	Ž unicipality)	Circulators, please include y Phone
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES. WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE. IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print: Nicole Weinhauf Sign: Lucile Weinkung 2.	Street: 104450 9452 City: (Dest auis zip: 53214	□ Town □ Village □ City	/2//5/20 <u>11</u> (Month) (Day) (Year)	Phone (4/4)
Print:Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	(Month) (Day) (Year)	Email Phone
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5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()
1, Time thy Cost (Pringed Name of Circulator)	ertify): I reside at $\frac{\sqrt{55}}{\sqrt{55}} \frac{\sqrt{57}}{\sqrt{57}} \frac{\sqrt{57}}$	mber) (Circulator Munic		Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under £.12.13(3)(a). Wis. Stats.

(Month) / 15 (Day) / 20 / (Year) (Signature of Circulator)

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Please include your cont

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Wayne Case Sign: Wayne Case	Street: W557/ Brarawalke		12/24/2011 (Month) (Day) (Year)	Email Case Phone
2.	City: C/A horn zip: 53/2/			(262)
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City:	(Municipality Name)	(Month) (Day) (Year)	Phone
3.	City: Zip:			Email
Peint:	Street:	☐ Town ☐ Village ☐ City	/ /20	
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone
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(Printed Name of Circulator)	(Circulator's Residence - Street Name and N	lumber) (Circulator Munic		Circulators , Please include your contac

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Gevernment Access the Board of Governor Scott Walker from office pursuant to Artifle 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL RESTA	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Cheryl Joneth Levyl Joneth	Street: 1229 E. Morgan Ave	Town Village City (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Signet Phone (414)
Prise Amanda Wood	Street: 2722 S. 15PL City: Milliage U Kel zip. 53215	Town Village Stity (Municipality Name)	[[]//7/20[] (Mondh) (Day) (Year)	Phone ()
Triange of the Samuel of the S	Street 1843 & HILLCROST City: My/ W. Zip: 63235	Town Village City M 1 (Municipality Name)	(1) /2/20 <u>/</u>) (Month) (Day) (Year)	Phone ()
See Juf Jalolemin	Street: 2106 S. 88 THE City: WEST ALUS W. Zip: 53227	☐ Town ☐ Village ☐ City (Municipality Name)	(Month) (Day) (Year)	Phone ()
signi Desge Haramis	Street: 6010 5. 27th 5t	Town Usullage City (Municipality Name)	11/18201 (Month) (Day) (Year)	Phone (4,4)
Peter M. Joneta	Certification of Circulator	re Milwaukee		
I teter M. Voneth	certify): I reside at 1229 E. Morco Av	- I'IIWaJILae		

	(Printed Name of Circ	culator)	(Circula	ator's Residence – Street N	ame and Number)	(Circulator Municipality)
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01	, 13	120 17	D. M.	De att		Rage NoryOfficial Use Only)

(Signature of Circulator)

(certify): I reside at 1229 E. Mocc. Ave

(Day)

(Year)

(Month)

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Return by J:

PO Box 256

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print Dawn M. Scheinche Sign Dawn M. Scheinche	Street: 2342 S. 94 St. city: M. Waukee zip: 53215	Town Village City (Municipality Name)	/////20 <u>lf</u> (Month) (Day) (Year)	Email Phone (
Print Peter M. Joneth Sign: La M. Jonett	Street: 1229 E. Morgan Ave.	Town Village City Mi Was kee (Municipality Name)	// //6/20_/l (Month) (Day) (Year)	Phone (4/4)
sign: Dana Joneth Sign: Dana Joneth	Street: 3750A. S. 14th St. City: MILWAUVII zip: 53221	□ Town □ Village □ City (Municipality Name)		OPEN.UP Phone (44)
Print: Jaran Joneth Sign: Jak Afri	Street: 1229 A east morgan ave City: Milwaukee Zip: S32017	Town Village City (Municipality Name)	///7/20 <u>1/</u> (Mooth) (Day) (Year)	Sarah - Phone (444)
5. Princarlos Sancher Sr sign Carly Sanpa Sr	street: [279A gast program fre City: Milworkel 719: 53207	Town Village Milwaket (Municipality Name)	U /17/20 <u>U</u> (Month) (Day) (Year)	Email Cleuch Phone (414)
Di ii Ti	Certification of Circulator	242.		
1, Teta M. Joneth	certify): I reside at 1229 E. Mor Sam Are	Milway Kee		

I, leter M. Joneth, (ce	rtify): I reside at 1229 E. Mor San Are.	Milway Kee
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number	(Circulator Municipality)
I personally circulated this recall petition and personally obtain	ned each of the signatures on this paper. I know that the signers are electors of t	the jurisdiction or district represented by the officeholder
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madison, W THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONT Rural address must also include box or fire no. (Also Indicate Town, City, or Village) □ Town ☐ Yillage City Phone ☐ Town ☐ Village **Deity** Phone (Municipality Name) Email □ Town U Village City Phone (Municipality Name) ☐ Town ☐ Village ☐ City Phone (Municipality Name) City: Zip: 5. Email □ Town ☐ Village ☐ City Street: Phone (Municipality Name)

^	Certification of Circulator	
1, Peter M. Joneth (certify)): I reside at 1219 E. Morgan Ave. (Circulator's Residence - Street Name and Number)	Milwardhee
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
personally circulated this recall petition and personally obtained c pamed in this petition. I know that each person signed the paper wi recall petition. I am aware that falsifying this certification is punish	each of the signatures on this paper. I know that the signers are electors of the just the full knowledge of its content on the date indicated opposite his or her name, table under S.12.13(3)(a), Wis Stats.	risdiction or district represented by the officeholder I know their respective residences given. I support this
$\frac{6!}{\text{(Month)}} / \frac{13}{\text{(Day)}} / \frac{20!2}{\text{(Year)}}$	fets M. Jones	Page No. Official & Only)

(Signature of Circulator)

City:

Return by J Committee PO Box 256

Circulators. Please include your cor Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committee
PO Box 256
Madison W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison, V
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
Print: BARBROESCH Signe D. Roesch	Street: 6507W. Wilbu 12 City: 1. W 2153220	□ Town □ Village ☑ City M./ Was bec (Municipality Name)	12/8/20 <u>1/</u> (Month) (Day) (Year)	Email Phone
Sign: Physical Sign:	Street: 3750 A S. 14th Street	Town Town Village M. Lucukee (Municipality Name)	12 R5 2011 (Month) (Day) (Year)	Phone (
3. Print: ANDREW TONATH Sign: Ancher Joneth	Street: W144 56984 Doverdow. City: MUSKEGO W1. Zip: 53150	Town Utillage ACity Muckeys (Municipality Name)	125/2011 (Month) (Day) (Year)	Phone (
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
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Peter M. Jone th	Certification of Circulator certify): I reside at 1229 E Mongar Ave.	Milwalle		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

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(Month)	(Day)	(Year)	(Signature of Circulator)

(Printed Name of Circulator)

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(Circulator Municipality)

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Please include your co

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Return by Ja

Committee to

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.					
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1		Пточн		Email	
Print: JOHN D. QUINN	Street: W-122 WELSCH RD.	☐ Town ☐ Village ☐ City	12/13/2011		
Ston Davinn		Poy SIPPI	(Month) (Day) (Year)	Phone	
7	CHy: WINNECONNE ZIPI 54986	(Municipality Name)		(920)	
2. Mary A. QUINN		☐ Town		Email	
Print: 1100y W. Sillerore	Street: W122 Welsch Kd.	☐ Village ☐ City	12/13/2011		
Sign: Mary a Luinn		Poy SIPPI	(Month) (Day) (Year)	Phone	
1	cio: Winneconne zip. 54986	(Municipality Name)		(920)	
3. Sahama Henran		□ Town		Email	
Prints XIIXII KU I I I I I I I I I I I I I I I I I	Street: 34595 110th St.	□ Village City	1/1/2012		
Stem: ON YOU		WEST ALLIS	(Month) (Day) (Year)	Phone	
	City: WS7 AIIS 21p. 53000	(Municipality Name)		1 (414) _C	
4. Achiai Rainaile		☐ Town ☐ Village		Email	
Principality Diwictor	street: 2215 S 20+n St	SCity Mri 1/2/1/2	1/1/2012		
SIE alle Gunlto		(Municipality Name)	(Month) (Day) (Year)	Phone	
U	City: MIN Zip: 53215	Jmy-		(414)	
5.		□ Town □ Village		Email	
Print:	Street:	☐ Village ☐ City	1 /20		
Ol	·	(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone	
Sign:	1	(Tame)	1	116	

(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained each	n of the signatures on this paper. I know that the signers are electors of the jurisd full_knowledge of its content on the date indicated opposite his or her name. I kn	iction or district represented by the officeholder ow their respective residences given. I support this
recall petition. I am aware that falsifying this certification is punishab		Page No. (Official Hee Only)

Certification of Circulator

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Return by Ja

Committee to

Walker from office pursuant to Article XIII,	Section 12 of the Wisconsin Constitution and S.9.10 of the	Wisconsin Statutes.		PO Box 250
THE MUNICIPALITY U	JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALII THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY:			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print Morgan A. Helme Sign: Morgan a. Nelme	Street: 2018 E. Lake Bluff Blvd. City: Shorewood 219: 53211	Town Village City ShoreWood (Municipality Name)	1 / U/20 <u>12</u> (Month) (Day) (Yenr)	Mongan Phone (414)
2. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
3. Print:	City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email
4.	City: Zip:	(Municipality Name)		(Email
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	()
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	()
Brian D- He lune. (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 2018 E-Lake Buff Buff Circulator's Residence – Street Name and Nu	d. Village of S	1. 71. 3	Circulators, Please include your co
,	btained each of the signatures on this paper. I know that the signers are electronic		- , , , ,	Phone Phone

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), WR

(Day) (Month) (Year) (Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee PO Box 256 Madison, W

Return by J

Walker from office pursuant to a purchast viry US	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY	OF RESIDENCE, IS NOT SUFFICIENT.		i
	THE NAME OF THE MOTION 1997	NAME OF VOTING MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	CONTA
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	(Also Indicate Town, City, or Village)	 	Email
1. Print: MARTIN KIEBER Son Math Cli	Street: 3ANN. HUMBOUT BUD	□ Town □ Village □ City Village (Municipality Name)	12/09/20// (Month) (Day) (Year)	Phone (414)
	City: MILWAUKEE WI Zip: 537M2			Email
Print: TILOLEN	Street: 134 N. 9045 St.	□ Town □ Village □ City	(Month) (Day) (Year)	Phone
Sign: Sign:	City: M1/w. Zip: 53226	(Municipality Name)		(414)
3. Print Michin Colec	Street: 5012 W Konnicking RV. Prusy	☐ Town ☐ Village (City (Municipality Name)	12/9/2011 (Month) (Day) (Year)	Phone (414)
4. Rebecca Pelzek Signi Rebecca Pelzek	street 6312.5. 20th Street	Town Village City (Municipality Name)	12/9/20 <u>11</u> (Month) (Day) (Year)	Email TTChO Phone (HH)
5. Print: JASON R. GOLEC Sign: A. R. L.	Street: 5612 CM: KIMICKFUNIC PIER RATKEN City: MILLIANKEE Zip: 53219	Town Village City MILLASUREE (Municipality Name)	i	Email igclec Phone (Un)
(Drivited Name of Circulator)	Certification of Circulator (certify): I reside at 6312 5. 20 th St. (Circulator's Residence - Street Name and No.	Milwaykee umber) (Circulator Mun		Circulators, Please include your c
1=	obtained each of the signatures on this paper. I know that the signers are electrons paper with full knowledge of its content on the date indicated opposite his or its punishable under S.12.13(3)(a), Wis. Stats.	ors of the jurisdiction or district represented by the rame. I know their respective residences gi	the officeholder iven. I support this	(414) Email

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Year)

(Day)

(Month)

(Signature of Circulator)

(Year)

(Day)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Commi PO Box

Email

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madisc	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Dave Stelske Dave Stelske 2. FRANK & BALITREAL 3. Chareles Convisse	David Stelake	Street: 4549 5023 Apt 2 City: Mil (1) is zipe 53221	□ Town □ Village S.City	/6 /2017 (Month) (Day) (Year)	()
FRANK + BALSTREAL	Frank Balisher	Street: Their field to 1 53228 City: 8862WW WATER FORG 28 Street: 5722 W Filmore DR	□ Town □ Village City	7 7 / 201 <u>L</u> (Month) (Day) (Year)	Email Phone ()
3. Charetes Convisor	mass at	Street: 5722 W Filmone DR City: WEST ALLI'S zip: 53219	□ Town □ Village ☑ City	//(/2017 (Month) (Day) (Year)	
4.		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	Phone ()
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10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone ()
STEVE R CANNISTRA	, (cer	of Circulator tify): I reside at 8740 W Cold Spans RD, (Circulator's Residence – Street name a		W,55 Municipality)	Circulators, please

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name, I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Bo Madiso THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONTA Rural address must also include box or fire no (Indicate Town, City, or Village) Email □ Town ☐ Village Phone City Email □ Town □ Village Phone □ City Email ☐ Town ☐ Village **∠**Citv 31SL Email □ Town ☐ Village ☐ City Email ☐ Town ☐ Village Phone □ City Email ☐ Town ☐ Village ☑ City Email □ Town ☐ Village **City** Email Phone ☐ City (Month) (Day) (Year) Email w waterford AVE #2 ☐ Town ☐ Village Phone **∠** City Email ☐ Town □ Village Phone City

I, _	STEVE R.	CANNISTRA	Certification of Circulator (certify): I reside at 8740 W COLD SPRING	D 5327	8 GREENFIELD
_		(Name of Circulator)	(Circulator's Residence – Street name an	d Number)	(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her names know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator) (Month) (Day) (Year)

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Debra Dean Sign: Out Our	Street: N56 W15886 Scott Lane City: Menomonee Falls Zip: 53051	Town Village City Menomone Falls (Municipality Name)	////20 <u>/2</u> (Month) (Day) (Year)	Email Cultic Phone (262)
Sign: Jarry REDLIN 3.	Street: W361 S10363 HILLSIDE DL 53149 City: Whomas 22 2211: U1	MUKWOWA 90 (Municipality Name)	//2/20/2 (Month) (Day) (Year)	Phone (2(p))
Print: Patricia Redino Sign: Patralelli 4.	Street: W301570363 Ni 11side	Town O village City (Municipality Name)	1 /12/20 <u>12</u> (Month) (Day) (Year)	Phone (262)
Sign: Drey Kulf 5.	Street 5/02 W 3454/ Lower Clark City: Eagle Wi 21: 531/9	Town Village City Lage Recorded City Ci	//2/20/2 (Month) (Day) (Year)	Email KOCK A Phone (4/4 6
Print: Andrew Winters Sign: augus Wanter	Street: W239 58085 Sunset View Dr. City: Big Bend Zip: 53103 Certification of Circulator	Matrown □ Village □ City (Municipality Name)	0 1 / 12/20 12 (Month) (Day) (Year)	Phone (262)
Scott Carston	Certification of Circulator	C 11		1
(Printed Name of Circulator)	certify): I reside at	nber) (Circulator Munici	<u>e</u>	Circulators,

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(Circulator Municipality)

Circulators,

Please include your contact

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Energy A. WINTERS	WZ39 58085 Street: SLINGET VIEW DRIVE	Town Village City	1/12/2012	Email GW1 Grm1
Energy A.W mlay	City: BKG BEND Zip: 53103	(Municipality Name)	(Month) (Day) (Year)	Phone (Z6Z
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Scott Carstens, (co	Certification of Circulator ertify): I reside at 7360 Each Ave (Circulator's Residence - Street Name and N	Greenda	le	Circulators.

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Please include your contact

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1. Print: Heidi	Street:	□ Town □ Village □ City	/ /20	Email	
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2. Todd Stattmater	Bireeti 1220 markit	☐ Town ☐ Village ☑ City	12/5/2011	Email	
Sign: Earl Distin	Street: 1220 market City: La Crosse W. zip: 54601	(Municipality Name)	(Munth) (Day) (Year)	Phone (608	
3. Print:	Streets	□ Town □ Village □ City	/ /20	Email Phone	
Sign:	City: Zip:	(Municipality Name)	(Monin) (Day) (Year)	(
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		rtification of Circula	tor .			
I, Vargie Moreno. (Printed Name of Circulator)	(certify): I reside at <u>W17</u> (Circulate	6 57513 Hav or's Residence – Street Name	and Number)	MUSKEG (Circulator Mu		Circulators, Please include yo
I personally circulated this recall petition and personally of	obtained each of the signatures on the	is paper. I know that the signers a	re electors of the jurisd	liction or district represented by	the officeholder	Phone

named in this petition. I know that each person signed the paper with full knowledge of its content on the recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Committee PO Box 25 Madison,

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1. Priori WILLIAM FAAS Signification X Jaaa	Street: W 5840 C, T, HS City: DNALASKAWIS Zip: 54650	Town Village City (Municipality Name)	/2/5/20// (Month) (Day) (Year)	Email Phone (608
2. Print: SUSAN J Mc Daniel sign: Susan J Mc Daniel	Street: 1740 GIVIETTE PL City: LACrosse zup: 54603	Town Village VCity La CROSSE (Municipality Name)	12/5/20 <u>1 </u> (Manth) (Day) (Year)	Email 608 Phone
3. Print Heldi Devi no Signa Claid Devino	Street: 413 74 Au N. City: Enalaska zip: WI 54650	▼ Town □ Village □ City ○ (Municipality Name)	2/5/20 <u> </u> (Month) (Day) (Year)	Phone
sign: Den Win Sonia	Street 2118 Madison Cityl a Crosse UTzur 34601	Town Village City (Municipality Name)	(Month) (Day) (Year)	Phone (GG
5. Print: Diane Bendel sign: Diane Rende	Street: 3501 State Rd 35 #323 City: O'Noslaska Zip: 54650	Town Village City (Municipality Name)	12/5/20// (Month) (Day) (Year)	Phone (60%
	Certification of Circulator			
I, Vangue Moven D (Printed Name of Circulator)	(certify): I reside at <u>WING STIB</u> Harbor((Circulator's Residence – Street Name and Nu			Circulators,

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Indicate Town, City, or Village) 11 /25/20]L 11 /25/2011 (March) (Pag) Near) 125 2011 11 126/2011 DATE OF SIGNING Recall Scott Wa PO Box 1651 Madison, Wi 53 261 Phon Phone CONTAC

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sconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott am office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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of Circulator

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Pavid Beck Sign: Doo Bu	Street: 3270 N 997L St City: Milwavhee zip: S3222	Town Village City M. Inovher (Municipality Name)	11 3-6 20 <u>11</u> (Month) (Day) (Year)	In beck Phone (920) 2
2. ERNEST HOWACKE Silvent Nu.		Town Village City (Municipality Name)	(Month) (Day) (Year)	Phone (4/4) 3
3. Anne Marie Wacke		Town Village City Milwaukee (Municipality Name)	/13/2012 (Month) (Day) (Year)	Phone ()
Ahandi Berth Significanti Berth	street: 329 5 82 rd St City: Milwaykee zip: 53214	Town Village City Waukee (Municipality Name)	//3/20/2 (Month) (Day) (Year)	Phone (414)8
5. Print: Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()
I, Ange Marie Loach (Printed Name of Circulator)	Certification of Circulator Certify: I reside at 32 to 5 82 nd 5 (Circulator's Residence – Street Name and Nu	umber) Mulusul (Circulator Munic		Circulators, Please include your contact Phone
I personally circulated this recall petition and personally of named in this petition. I know that each person signed the precall petition. I am aware that falsifying this certification is	obtained each of the signatures on this paper. I know that the signers are elector paper with full knowledge of its content on the date indicated opposite his or is punishable under S.12.13(3)(a). Wis. Stats.	ors of the jurisdiction or district represented by the her name. I know their respective residences give Page No. (Official V.	he officeholder wen. I support this	Phone () Email

(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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ARIA I. Gamez	Which I dies	Street: 3572 SO. 15th St	□ Town □ Village □ City M''	/2/1/2011 (Month) (Day) (Year)	Email Phone
John M BUNT 2	Corac & Horas	Street: 2333 www.qate Ave	Town Village	12/11/2014	Email
SOUN MI DOWN	fer m	City. Grendar Zip: 53209	6 lendale OP	(Month) (Day) (Year)	Phone (Email
chan - Andies	0 000	Street: 3637 N.2/	□ Town □ Village □ City	12/M/20_41 (Month) (Day) (Year)	Phone
TRMA. J. PARKER. 1 eder L. MitcHell	Jump G. Tarker	Street: 2343 D. Le. 1 St	Town	2 11/12011	Email
	Joch Michel	City: Warwalogy Zip: #3213	City Wantvotosa OP	(Month) (Day) (Year)	Phone (
Tree Petty	Incoo Poth	Street: 1629 N. 1455	☐ Town ☐ Village City	12/1/2011	Email Phone
2 1	0	Street: N 861 Amanda St 172	Town	(Notice) (Notice)	Email
Jonnie Wilson	Connie Wilson	City: OCONOMOWOLW, Zip: 530 blo	Divillage City Con emouse Of	(Month) (Day) (Year)	Phone (
1000	MIMO	street/ 1861 Amand St # 2	☐ Town	01/05/2012	Email Phone
Jichael U. Carl	11 school Carl	Street: 3637 N 21 Street	D Town	(Month) (Day) (Year)	Email
Strice Parker	Otrue Parker	City: M: Wayhare Zip: 53206	Dillage City Milwaulice Of	01/10/2012 (Month) (Day) (Year)	Phone (
α	m o.	Street: N54W15451 Beaver Dr	□ Town	1/10/2012	Email Phone
Tary Quinn	"lang Lum	City Meno Paris W/ Zip: 65305/	Denom onee fail (Jonth) (Day) (Year)	Email
	V	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ 20 (Month) (Day) (Year)	Phone
	Certification				<u>`</u>
Otrice Parker (Name of Circui	, (certi	ify): I reside at 3637 N. 21 Street (Circulator's Residence – Street name and		Ke-c	Circulat

(Signature of Circulator)

(Month)

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Email

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Robert G. Nuoffer	Robert A. Whaffer	Street: 8675 N. 73 st. City: M, Laulier W; zip: 53223	Town Fe Millage Mulauleu	12/7/20	Email Phone
2. Yang Chang	Janglord	Street: 1527 N . 33 PS ST City: Milwaukee W1 zip: 53208	Town City Milwaulur	12/07/20/1 (Mouth) (Day) (Year)	Email Phone
3. MANN C. THAM	m- Ins	Street: 4072 N-85th 94- 53222 City: Mduant zip:	Town Village Mullaulee	/2 /7 /20 11 (Month) (Day) (Year)	Email Phone ()
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5 KEVIN Jones	Keuin-Jones	street: 3549 N14th 8+ city: M?lwaukee WI zip: 53206	Town (cs.) City Mills and let	12/7/20 <u>U</u> (Month) (Day) (Year)	Email Phone
6. Bounpagons Knowny	Bourpasons Khounny	Street: 9095 20 th 5 t	Town (Ce	12/7/2014 (Month) (Day) (Year)	Email Phone ()
Bridgette Paige	BrilettePaix	Street: 8501 W. Fairy Chasm Dr City: Milwaukee zip: 53024	Town Village Milwaulher	(Z/7/2011 (Month) (Day) (Year)	Email Phone ()
8. Andrew pakaythip	Andrew pakay This	Street: 1885 N 15TH St. City: Milwaukee zip: \$3205	Town /a /a	12/7/20_11 (Month) (Day) (Year)	Email Phone
*Kong Chang	A. Chang	street: 1525 N. 32th ST City: Milwauher zip: 53208	Town O City Mullimente	/2/07/20// (Month) (Day) (Year)	Email Phone
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1.	4	Street 3855 5, 145T.	☐ Town ☐ Village	12/12/2011	Email
DEBRA TYSZKO	Debra Typzko	City: MILWAUKEE zip: 53221	TCity Mid WAUKEE	(Month) (Day) (Year)	Phone (4)4) 67.
DEBRA Tyszko Christine Reith	X	Street: 5790 S. 27th St.	Town Village Milwaukee	12/12/2011	Email CCEiH
		City: Milwaukee zip.53221	MCity MILWOUKES	(Month) (Day) (Year)	Phone (414) 54
3.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
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Kath	leen '	OKETLU	nd	, (certify): I reside	eat 2931 S	5.57th	Street	Milwankes	
		Name of Circulator)	ah af tha airmaturas on this na	ones. I know that the signess are			name and Number)	(Circulator Municipality) med in this petition. I know that each person sig	aned
paper with full knowl	ledge of its content	t on the date indicated op	posite his or her name. I know	w their respective residences giv	en. I support this recall	petition. I am aware th	nat falsifying this certificat	ion is punishable under S.12.13(3)(a), Wis. Stat	its.
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Comn PO Bo Madis THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Mary Low Change	A 2057	Street: 7450 M. Phensant Ln CIE Pivertills WI ZID: 53217	Town Village City PiverHills		Email Phone ()
La LA Miller None	Lub Miller	Street: NSDW168580AKR.dge TO City: Menuncia Fall zip: 53051	Town Stillage City Menununce Foods	/2/62/20// (Month) (Day) (Year)	Email Phone
hinda Mª Ferrin	Ixnde mª Jenin	Street: 7602 W. Hoather Aus	☐ Town ☐ Village	12/52/20// (Month) (Day) (Year)	Email Phone
Anita F. H.11	Autor 7. Hell	Street: 3121 N 7674 ST Apt 1 City: MILW 211: 53223	☐ Town ☐ Village	/2/4/20// (Month) (Day) (Year)	Email Phone ()
CANDICE R. NELSON	Condon Mr	Street: 2657 N. 56th St City: MIW, WI zip: 53210	Town Village Willed &	12/4/20// (Month) (Day) (Year)	Phone ()
Jarvis Ashley	Agris Derry	Street: 3121 N. 76+34. APT 1 City: Milwaukee zip: 53222	Drown Dillage ACity Milwouke	1/03/2012 (Month) (Day) (Year)	Phone ()
7. Jay Reinte	Souther 1	Street: 2512 W Greenfield Ave- city: Mt wantee zip: 53204	Town Village MI Warke	/ /3/20/2 (Month) (Day) (Year)	Phone ()
8.)	Street: City: Zip:	□ Town - □ Village □ City	//20(Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) / Year)	Phone ()
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone ()
Jay Reine (Name of Circul	lator)	fy): I reside at <u>2512W</u> , <u>Green</u> feld (Circulator's Residence – Street name an			Circulators, please
ersonally circulated this recall petition and personally obta	ained each of the signatures on this paper. I know that the	he signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition, I am aware that falsify	officeholder named in this petition. I know th	at each person signed	(41

(Signature of Circulator)

(Day)

(Month)

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Committee

ticle XIII, Section 12 of the Wisconsin Co	nstitution and S.9.10 of the Wisconsin Statu	ites.			PO Box
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	Madiso
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Grebony Petzek	Cheggy touble	Street: 1471 W. GRANADA ST City: MICWAYKEE 21953221	Town Uvillage BeCity H.Lwaykee	12 28/2011 (Month) (Day) (Year)	Email 5 PEL Phone (414) 76
GREGORY PELZEK 2. CHRISTINE PELZEK 3. MIKE PELZEK 4. Denise Leholm	Christine Pelesk	Street: 1471 W. GRANADA ST. City: MILWAUKEE WI zip: 5322/	Town Village City Milwaukee	1/9/20 <u>12</u> (Month) (Day) (Year)	Phone (414)74
MIKE PELZEK	Make fell	Street: 1511 D. W. Edge Han Ave City: Milw. Zip: 53201	Town Uvillage ACCity Milwauker	/ 9/20/2 (Month) (Day) (Year)	(414) 601
Denise Leholm	Dense Feliam	Street: 1511 D. W. Edgerton Ave. City: MI. zip: 53221	Town O'Village Pocity Milwaukee	1/9/2012 (Month) (Day) (Year)	Phone (414) (0)
6.	Ŭ	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Phone ()
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9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone ()
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20	Phone ()

Mark	Pelzek	Certification of Circulato	1212 (010)	Milwaukee
	(Name of Circulator)		(Circulator's Residence - Street name and Number)	(Circulator Municipality)
			ors of the jurisdiction or district represented by the officeholder nature or this recall petition. I am aware that falsifying this certification.	
Sanuary / 1	3 /20 17	when the fine in the specific residences given is	upport this tecan petition. I am aware that faishying this certifica	Age V4 (3fical Use Only)
	Day) (Year)	(Signature of C	irculator)	Undsey 4 Gran ose only
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING	3 PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	Madisc
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Matasha Williams	Latasto Welkins	Street: 4024 N 61st Apt 2 City: Milwaukel, WI zip: 53216	□ Town □ Village □ City M. Wankee	/// 25/20// (Month) (Day) (Year)	Email Williams (Phone (414) &
2. Barry Boatman JR	By Bowling ?	street: 5933 N both 5+ city: Milwautree zip: 53218	Town Willage Milwaukee Re City	11 /30/2011 (Month) (Day) (Year)	Email Phone (4) 14) 4
3. Chania Tackana	& Elones Jackt	Street: 7/35 WS, Iver spring dr City: Milwattel zip: 53218	Town Stillage Willage Milwal Kosuwi	1\/3\/20_1(Month) (Day) (Year)	Phone 4/2/
Ebonie Jackson Seaira Brown	Seen Brown	Street: 826 N. 14st APT 107 City: Milwaukle zip: 5323	Town William Milway Kee	12/1/2011 (Month) (Day) (Year)	Email Deaira (2) Phone Hulf (
5. Katanya morphaeo	Scitana marshero	2x5-17 110110000	Town Village Milwarken	(Month) (Day) (Year)	Email Phone ()(H)
Enette Winters	foultalintes	Street: 401w. Florist Ave City: Midwankee zip: 53218	Town Wilwaukee Milwaukee	12/6/20 <u>1</u> (Month) (Day) (Year)	Phone (Y/4) 30
Diane Stacy	DraineStacy	Street: 2728 N 45th St City: Mille Dikec zip: 5321C	Town Wankeen Williage Milwankeen	12/7/201 (Month) (Day) (Year)	Phone (4)4 2
Latasha Robinson	De Wha Rei	Street: 617 W. Mejnecke Ave City: MIW WI zip: 53212	Town Willwarkee Property City Milwarkee	2 /7 /2011 (Month) (Day) (Year)	Email Fasha
Betty freed	Betty ()	Street: 1936 N. 215th City: Chicosom MIW zip: 53205	Town Willage Milwaukee	12/7/20 <u>11</u> (Month) (Day) (Year)	Email Phone ()
10. Corrigion de	Lorinary	Street POOLA NORTH 51 City: M. W. W. W. W. Zip: 53260	Town Willwarkee Milwarkee	12/9/2011 (Month) (Day) (Year)	Phone (U(V)
Robin M. Lundon	Certification of	of Circulator	CI miliota	1/00	
I, Name of Girtu		fy): I reside at(Circulator's Residence – Street name ar	nd Number) (Circulator M	Municipality)	Circulators, please i
I personally circulated this recall petition and personally obt	tained each of the signatures on this paper. I know that the	he signers are electors of the jurisdiction or district represented by the residence given. I support this recall petition. I am aware that falsify	e officeholder named in this petition. I know the	nat each person signed	Phone (
1 / 10 /20 10		indylen	Page No. (Of	,	Eman

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.									
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT				
Helen Williams	Helen Wille	Street: 4056 1). 42 City: MIWWI zip: 53216	Town Village City 1 1)		Phone (44)				
2 Anessa Linton	Venesateut	Street: 9164 W Scott City: M. / WI Zip: 53264	Town Village M. Hagle	// 2 20 // (Month) (Day) (Year)	Email 3 5 Phone (4/14) 5				
GWAIN BARNES	Junin Layor	Street: 916 W SCOTT ST. City: Milwaukee zip: WI	Town Village Milwaukee	// 20/20_// (Month) (Day) (Year)	Phone ()				
DEVARES PAINER		Street: 6500 N 6 GA+ City: M 1 CWAVKE & Zip: 53003	□ Town □ Village → City M	// 20/20// (Month) (Day) (Year)	Phone (414) 7				
Venedra Cartha	of Balokint	City: Milwauker, zip: 53309	Town Village City Willow	11 /20/20/1 (Month) (Day) (Year)	Phone UY)				
Chelsie Dit	The Jan	Street: 3430 NGOTSF City: M. M. WILLEY 21:53216	Town Village City	// \$\$ /20	Email Phone ()				
NAdine Jackson	Rodine Jochson	street: 3140n.25SL City:Milway Req zip: 53206	Town Village Milwaukee	#1 20 20 <u>11</u> (Month) (Day) (Year)	Phone (444)				
* Kenyatt a Buie	Longatta Bure	Street: 5483 n. 92h957 City: Milw , 21,5325	Drown Milwaukee	11 /26/20	Phone (414)				
Tony Winston	Town Minston	Street: 6062 N 4157 City: MI W. zip: 53209	Urown Wilwaukee Percity Milwaukee	[] DO/2011 (Month) (Day) (Year)	Phone (414)5				
Jessica Jackson	Jessica Jackn	Street: CUGHUHIST. City: MILWAUKEL zip: 53209	Town Wankee R City Willage Willage Williage Will Wankee Williage Wil	[Email Jess 10 Phone (114)				
Certification of Circulator									

	Jessica Jackson	Jessica ?	- , Street: (OUO	aukee z	Town Town Willage City	milwankeen	(Month) (Day) (Year)
	~ ·		Certification of Circulator				_
	Kobin M. Luna	laver	, (certify): I reside at	1943 W.	Birch Ct.	Milwa	ukee
	(Name of Circul				e – Street name and Number)	(Circulator	Municipality)
e	rsonally circulated this recall petition and personally obta	ained each of the signatures on thi	s paper. I know that the signers are electors	s of the jurisdiction or distri	ict represented by the officeholder	named in this petition. I know	that each person signed
1	paper with full knowledge of its content on the date indic	cated opposite his or/hot name, I k	now their respective residences given. I suj	pport this recall petition. I a	am aware that falsifying this certif	ication is punishable under S.12	2.13(3)(a), Wis. Stats.
	// <u>/20 \</u>	<u> </u>	u M. hude (Signature of Cir		 		Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
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1. Angela Beckum	Angle Becken	Street: 1532 W. Capital De City: Milwaukee ich zip: 53206	Town Village City Milwaukee	11/2 J 2011 (Month) (Day) (Year)	Phone (414)		
Mia C. Mc Kay	ma C. Linckaz		Town Unilage Willage Milwaellio	/30/20 <u> </u> (Month) (Day) (Year)	Email Phone (414) 8 Email		
hamillian Carthan	Sample Land	city: Miluxuksel zip: 53509	Town Stillage City Milwaukev		Krartna Phone (4/4) G		
Chloe Carthran	ille In	Street: 5873 N.415+ City: Milwenkee zip: 53209	Drive Milwaukee	(Month) (Day) (Year)	Phone (414)		
Micole Buie	Miles Bui	Street: 28675. Kinnickemickov City: Milw Zip: 53267	Town Village City Milw	11 /29 20 <u>11</u> (Month) (Day) (Year)	Phone (414)		
Examasant	Equal (Street: DIJ W. HOV FILE City: Zip: 53216	City Milage	(Month) (Day) (Year)	Phòne H		
Amanlis Buie	Alphallo Brie	Street: U627 N.50th City: MIIW WZ zip: \$32t8	Town Uvillage City		Phone ()		
8. Shown Thomas	thomas	Street: 5115 N.50+ City: Milw, with zip: 53218	□ Town □ Village □ City	(Month) (Day) (Year)	Phone ()		
Gerielle Raines	Will-II	Street: 6500 N 66th st. City: Milw WI zip: \$3223	Town Village City Milw	1 /2U/2011 (Month) (Day) (Year)	Email Phone		
10. Leno 1 Tect	Jens 9 les 5	City: Brown Deek Zip: //	Town Revillage Brown Deev		Phone (414)		
	Certification of	of Circulator		\ 1 -			

Certification of Circulator

I, Robin M. Waukle

(Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
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1.		Street: 4520 N. 2324. ST	□ Town	11 /20/2011	Email		
MJames Hicks JR	Sames Hely	CHY: MI/WAUKO4 ZID: 53209	Willage Milwarkee	(Month) (Day) (Year)	Phone ()	
2.		Street: 4132 Menonone Rue Pky	□ Town □ Village	11 /20/2011	Email		
Reginatohnson	Begur Johnson	city Wauwatasa WI zip: 53222	City Why way lee	(Month) (Day) (Year)	Phone () _	
3.		Street: 4384 N1 2945	□ Town □ Village	1//2/201/	Email		
CLARACOLL; NS	ClaraCollin	City: Milwante WI zip: 533/6	City Milwankee	(Month) (Day) (Year)	Phone ()	
4.		Street: 4468 NOAN 70 + Street	☐ Town ☐ Village	11/20/2011	Email		
SYLVIA FORDIS	Syru Forbes	City: Milwanker, WI zip: 53218	City Milwaukee	(Month) (Day) (Year)	Phone ()	
5.	B . (1/	Street: 4520 No. 23 (15).	☐ Town ☐ Village	11/20/1	Email		
Annie Hicks	anne Ducks	City: Wile Auka Heip: 53209	RCity Milwaukee	(Month) (Day) (Year)	Phone ()	
6.	gessie moores.	Street: 6931WDARien	□ Town (LL	11 /20/2011	Email	,	
Jessie More.	CARTLA WOORL	City: Mil (1) 15 Zip; 53 Zog	Rillwanker	(Month) (Day) (Year)	Phone ()	
7.		street: 1/00 W. Birch	□ Town □ Village Mil(a)a	11/20/2011	Email		
Betty SAFFOID	Betty Saffald	city: Mi/Wankee zip: 53209	Scity Milwaulee	(Month) (Day) (Year)	Phone ()	
8.	2 / 00	Street: 6931 M. Darien St	□ Town □ Village	11/27/2011	Email		
Lartha RNOOR	tartha mode	City: Milwaulep Wezip.	A City Mi wouker	(Month) (Day) (Year)	Phone ()	
9.		street 41 410 n. 46th St.	□ Town □ Village	11/2720 U	Email	·	
Amie Green	(I mie) Steen	City: Muluder 1 Co Zip: WI	*City Willeantae	(Month) (Day) (Year)	Phone ()	
10.	2 00	Street: 4530 ND 3D 57	☐ Town ☐ Village	12/1/2011	Email		
INITIE MAEROSS	le dille me Koss	City: Milwarter zip. 53209	ACity MILWAUKEE	(Month) (Day) (Year)	Phone ()	
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9. Street:41	10n, 46th St.	☐ Town ☐ Village	11/2/2011	Email
Aurie Green Umel July City: M	ludant es zip: WI	*City Milleuntae	(Month) (Day) (Year)	Phone (
10. Street: 45	30 NO 30 ST	☐ Town ☐ Village	12/1/2011	Email
WILLE MAEKOSS Willee Mae Koss City MA	levantee 219.53209	ACity MILWAY CEE	(Month) (Day) (Year)	Phone (
Certification of Circu	tor	1 .	12.	
I, TOUIN M. LUNGYEN, (certify): I resid			ankle	Circulators
(Name of Circulator) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are	(Circulator's Residence – Street name an			Phone
the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences grant the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences grant and the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences grant and personally obtained each of the signatures of the paper.				
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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	Office of the Wisconsin State of the Wisconsin State of Purposes, when different than municipal.		NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	Madi
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. CATHERINE WAShington	Matherine Cookington	Street: 5002 N.23 Street City: Milw, WI zip: 53209	Town Village City City City Village	11/19/2011 (Month) (Day) (Year)	Email Cathylins Phone (414)
Clifton Washington	Clifton washington	Street: 5602 N. 33= Street City: MIlWHUKEE Zip: 53729	Town Village City Will while Kee	///5/20// (Month) (Day) (Year)	Email Phone (4/4)
CARLA TEAT	Carla Deat	Street: 5950 W. Glenbrook Rd City: Brown Deek zip: 5322		11/19/20_11 (Month) (Day) (Year)	Phone ()
Ashley Bure	Childer Rose	Street: 28675. KINNICKINNIC FILE Disy: MILLUTUIKEL , Zip. 33207	Town Village MILWALIKEO	// // // // // (Year)	Phone (414)
DEAMMA Scholtz-SMX	Meany Schily Donat	Street: 86/9 N. Sewie #117 City Milesufee zip: 5323	Town City Mlusubee	// // /20 // (Month) (Day) (Year)	Phone (414)
Beathing Bie Part	TO Paker	Street: (627 NO SON SI City: Mulus wi zip: 532(Town Utilage City	(Month) (Day) (Year)	Email Phone ()
CYNThin Harper-Scott	Cynthis - Hayer Scall	Street: 6829N Seville Ave City: Glanticale zap: 52309	□ Town □ Village □ City C kendale	i / 20/20_1 (Month) (Day) (Year)	Phone (4ki)
MARY Freeman	Mary Truman	Street: 8544 W. Villard Aug	Town Village Scity MT Tute 4 Ke	11 /2 / 20 /1 (Month) (Day) (Year)	Phone (14/2/
Natasa Snith	Slaters	Street: 3701 W SGPMW St. City: Milwickle zip: 5208	Town Willage Milwanker	/20/20 <u>11</u> (Month) (Day) (Year)	Email Phone (4KL)
Car Juin joop er	Carlin ooper	Street: 3430 N 60 Th City: M. J. D. Zip: (D. 1	Town Village M. W	1 /202011 (Month) (Day) (Year)	Phone ()
7 1 100 1	Certification (of Circulator	، انمو	- ا	_
	ulator) otained each of the signatures on this paper. I know that t	fy): I reside at (Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the	e officeholder named in this petition. I know th	nat each person signed	Circulators, plea
paper with full knowledge of its content on the date ind	- PC - V-1 - 1 1 1 P	residences given. I support this recall petition. I am aware that falsify	ing this certification is punishable under S.12.		Email

(Signature of Circulator)

(Month)

(Day)

(Year)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	2.	$\int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty$	Street: 2357 N	Grant Blue	□ Town □ Village		12/1/2011	Email
	Elvin Veterson, JR	glor letters or	city: Milwark	ee zip: 53210		nilwarkee	(Month) (Day) (Year)	Phone (414) 4
	RHONSO 1/2000	Pho Horal	Street: 30/2 /	107 zip: 53346	□ Town □ Village City	Milwauree	12/3/20 <u>//</u> (Month) (Day) (Year)	Phone (1)//
	4. 0 5	100 DO	Street: 2035A	1), 27th St.	□ Town	·	10/1/2011	Email (7/7) 4
	Miya Braden	Musa Brada	city: MIW.	W.T. zip: 53208	☐ Village City	Milwaukee	(Month) (Day) (Year)	Phone (414) (4
	5.		Street: 1315	N.444 St.	☐ Town ☐ Village ☐ City	Milwaukee	V2/4/2011	Email Phone
	6. Correy	Danay Curry	city: Milw.	W.T. zip: \$3208	☐ Town	·	(Month) (Day) (Year)	(414) 3 Email
4	Deborah Kramer	(4) 11 ()	Street: 1/800	21p. 53223	□ Village □ Village	Milwaukee	/3/1/20 <u>11</u> (Month) (Day) (Year)	Phone (26)
	7.	The state of the s	Street:		□ Town □ Village		/ /20	Email
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I, _	(Name of Circle)		fy): I reside at (Circu	J. J	Number)	VIIIWOU (Circulator M	(unicipality)	Circulators, please
I pe the	rsonally circulated this recall petition and personally obta paper with full knowledge of its content on the date indic	ained each of the signatures on this paper. I know that the cated opposite his or her name, I know their respectives	signers are electors of the	jurisdiction or district represented by the	officeholder	named in this petition. I know that	at each person signed	Phone (4)
	10 (2012)		Yundanes			r		Email

(Signature of Circulator)

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

(Day)

(Year)

(Month)

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THE MUNICIPALITY USED FOR MA1LING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	Mad
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
Smert HILL	5.11-	Street: 2644 S. Clement Ana City: Wilwarder zip: 53207	Town Uvillage City Milwauhee	// /21/20// (Month) (Day) (Year)	Email Phone
Emmitt Colbert	End f. Cold	Street: 4401 n. 84th City: Milwachee zip: 53225	Town Village General Mulwanker	// /22/20/1 (Month) (Day) (Year)	Email Phone
ALFRED L. SEUELL	asped & Sewell	street: 4625 N: 30th Street City: M, Lwaukee Zip: 53209	□Town □Village City Milutukee	11 /22/20(Month) (Day) (Year)	Email Phone
LEONARD BETHIN	Llonord Bettely	Street: 22990136St. City: Milwappel zip:53209	□ Town □ Village ☑ City Milwoulle	11 22/20 <u>1/</u> (Month) (Day) (Year)	Email Phone
Kimborly Johnson	Mining Julian	Street: 975 W Eden Place City: Milwaukee 2 zip: 5327	Town Village Picity Milwaykee	V /96/2011 (Month) (Day) (Year)	Email Phone
BRADEN, ESTER	Braden, Ester	Street: 617 NBUNST City: MILOSYYKEE Zip: 5323	Town Village Mulwoukee	// 30/20 // (Month) (Day) (Year)	Email Phone
Mandy L. Braden	Mandy L. Broden	Street: 2557 M. BRANT Blud CHY: MILWAUKEE TUIZID: 532 IT	Village	///36/20_// (Month) (Day) (Year)	Phone ()
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(Name of Circul nally circulated this recall petition and personally obtaer with full knowledge of its content on the date indicates the content of the con	ator) ined each of the signatures on this paper. I know that t	ify): I reside at 1943 W. Birch C (Circulator's Residence – Street name an the signers are electors of the jurisdiction or district represented by the			Circulators, plea

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Bo Madiso THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE DATE OF SIGNING MUNICIPALITY OF RESIDENCE CONTA Rural address must also include box or fire no (Indicate Town, City, or Village) W. Acacia Rd ☐ Town Kristen Miller 11/18/2011 ☐ Village Phone City Glendale zip: 53209 Email ☐ Town ☐ Village Phone Email Rossevelt DR. ☐ Town Village MI Walle Phone wantee 25 53216 Email ☐ Town 41 ☐ Village Phone zip: 53209 milwain Email ☐ Town Sevillage City ARWN DEEL LATONIA FRANKLIN Phone (Month) (Day) (Year) Email □ Town ☐ Village Phone ☐ City Email ☐ Town 11/19/2011 ☐ Village KOW BROWN Phone 114) 5

	October 6	0	Street: 2450 N 36+hSt	☐ Town ☐ Village	11 /19/2011	Email
	Unistal Kolinson	Chistolkolaruse	city: Milwaukee zip: 5321		(Month) (Day) (Year)	Phone (
	9.		Street: 2222 N. 19 H St. #502	☐ Town ☐ Village	11/21/20_	Email
	KOSETTA CARR	Jaseth Carr	City Nilo Aux CE Zip: 5330		(Month) (Day) (Year)	Phone (
	10. Geraldine Brooks	Beraldine Brooks	3137N. 16 Street	□ Town □ Village	p 11/20/2011	Email
			City: Milwankre, Wijn: 53 Zo		(Month) (Day) (Year)	Phone (4
	01 1001	Certification	of Circulator	- ^	1 .	
I, _	RObin M. Lundave) , (ce	ertify): I reside at 1943 W. Birch	1 Ct. Mili	vaukee	Cinaula
I per	(Name of Circulares) resonally circulated this recall petition and personally obtained by the full knowledge of its content on the data indicates.	ained each of the signatures on this paper. I know that	(Circulator's Residence - Street nan at the signers are electors of the jurisdiction or district represented we residences given. I support this recall petition. I am aware that f	by the officeholder named in this netition. I	llator Municipality) know that each person signed	Circula Pi
		Kobu M. I	undaren	r	No. (Official Use Only)	Eı
	(Month) (Day) (Year)		(Signature) of Circulator)	Q 2	<u> </u>	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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	nstitution and S.9.10 of the Wisconsin Statu PURPOSES, WHEN DIFFERENT THAN MUNICIPALE	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	PO Ma
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	COM
ayonda Willians	Aundoran	Street: 903 10, MOVID City: 12ip: 532(Town O Village O City W W W	Month) (Day) (Year)	Phone (CH4)
las Sourand	Sur Jana	Street: 39 32 De Bublifall City: MHWUIS Zip: 53289	Town Willage Milwaukee	11 /26/20 (Month) (Day) (Year)	Email Phone
Arlicia Georg	Muia Scores	Street: 3270A N 12th City: Milwarkee zip: WI	Town Uvillage MI Waukee	/ 1/20/2 (Month) (Day) (Year)	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
	/	Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
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Robin M. Lundgreu		of Circulator ify): I reside at 1943 W. Birch C	t. milwa	wkee	Circulators,
(Name of Circula ally circulated this recall petition and personally obta	ator) ined each of the signatures on this paper. I know that the steed opposite his or her name. I know their respective	Circulator's Residence – Street name an the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi	d Number) (Circulator Me officeholder named in this petition. I know the ling this certification is punishable under S. 12.		Phone

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Committee PO Box 25

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	Madison, V
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT IN
WIFFORD WINKELMAN	Olifond	Street: 1371 STATE Rd 83 City: HARTFORD WI Zip: 53027	Town City ERIN	/ 20/2 (Month) (Day) (Year)	Phone (414) 690
2. LINDA WINKELMAN	Genden (Dinkelman)	Street: /371 STATE RD 63 City: NARTEDRO, W, Zip: 5302-	Nown □ Village □ City □ City	/ /10/2012 (Month) (Day) (Year)	Phone (Y14) 68
3. Matthew Denzin	Matt Dergin	Street: 3872 North 60th Street City: Milwaukee, WI zip: 53216	Drown Stillage Milwav Kee	/[0/2012 (Month) (Day) (Year)	Phone (414) 442
Lanh Nguyen	Part Muga	street: N94WZD846 Schlei City: Menomonee Falls zip: 53051	Town Village M. Falls	/ 10/2012 (Month) (Day) (Year)	Phone ()
Lanh Nguyen 5. Patrick J. Bandur	Peter Banka	Street: 1438 S, PFEIL LN City: New Berlin zip: 53146	Drown Unillage Wew Berlin	1 /12 /20/2 (Month) (Day) (Year)	Phone (41 4) 587
. 6.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone ()
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10.			Street: City:	Zip:	/ /20(Month) (Day) (Year)	Email Phone () Email
			Street: City:	☐ Village ☐ City	/ 20 (Month) (Day) (Year)	Phone ()
personally circue paper with fu	Il knowledge of its content on the date indie	lator) ained each of the signatures on this paper. I	know that the signers are electors of the jurisdic	s Residence – Street name and Number) ction or district represented by the officeholder named in petition. I am aware that falsifying this certification is	(Circulator Municipality) in this petition, I know that each person signed is punishable under S.12.13(3)(a), Wis. Stats. Page Na. (Official Co. Only)	Circulators, please includ Phone () Email

(Circulator's Residence - Street name and Number)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his on her name. I know their respective sidences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

(Name of Circulator)

(Year)

(Day)

(Month)

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

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(Circulator Municipality)

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. DURWIN WEBER	Durin Weber	Street: 2354 South 92 PD St. City: West Allis Zip: 53227	Town Uvillage Decity West Allis	1 /30/2011 (Month) (Day) (Year)	Email inflight 26 Phone
Kurt Rathkamp	A Altho	Street: W. 1665 ROCKY IN. City: SUllivan, WI. Zip: 53178	Town Utilage Concord	1 Z / 5 / 20 // (Month) (Day) (Year)	Phone ()
2 Paul Buetlner		City: Oconomowo & WZD: 57066	City Concord	(2/7/2016 (Month) (Day) (Year)	Email Phone ()
GREG TESKE	They fleste	Street: 26800 LAKE VIEW DR. City: WIND LAKE Zip: 53185	□ Town Willage WND □ City LAKE	/ /// 20/2 (Month) (Day) (Year)	Email Phone ()
5. David A. Grycowski	Darro O. Hyrowsh	Street: W14556190 Maple HILL DR City: Venpon zip: 53/89	Down City Vennon	1 / 4/20 12 (Month) (Day) (Year)	Email Phone ()
Ton mumphy	Tom murphy	Street: 314 Appletree Lane City: Engle UT zip: 53119	Town City Eagle	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Email Phone ()
7.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Phone ()
8.		Street: City: Zip:	□ Town □ Village □ City	/ /20	Phone ()
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10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
Daniel Buretta	Certification (of Circulator fy): I reside at 223/ 5. 9/5+5+.	West Alli	3	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to F PO Box 2569 Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				i Madison, W1.
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print: MARY KRUPP Sign: Mary Krupp	Street: 4112 N. 83 rd ST. City: MILWAVKEE 53222	□ Town □ Village ■ City MIL WAUKEE (Municipality Name)	// 28/20// (Month) (Day) (Year)	Phone ()
2. Print: Stephan Roselin Sign: Styl Pul	Street: Bas Portant pr. City: Wessure Tas A zip: 532.3	□ Town □ Village □ City (Municipality Name)	i 2/io /2011 (Month) (Day) (Year)	Email Phone
3. Print: NANCY KALBFLEISCH Sign: Nancy Kalbyleisch	Street: 8130 PORTLAND AVE	□ Town □ Village City Wound oso (Municipality Name)	1 /7/2012 (Month) (Day) (Year)	Phone ()
4. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ 20(Month) (Day) (Year)	Email Phone
5. Print:	City: Zip: Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20	Email Phone
Certification of Circulator I, Marin, Pheles, (certify): I reside at 8202 Portland Av. (Printed Name of Circulator) (Circulator's Residence – Street Name and Number) (Circulator Municipality) Circulators, Please include your confidence of Circulator Municipality)				

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are elector named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or recall petition. I am aware that falsifying this certification is punishable under S.12,13(3)(a), Wis. Stats.	es of the jurisdiction or district represented by the officeholder her name. I know their respective residences given. I support this
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(Month) (Day) (Signature of Circulator)